## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN

Bureau of Quality Assurance
P.O. Box 2969

Madison WI 53701-2969

## **Facility Information**

Facility Name: HARBOR HOUSE (0010790)

Address: 154 S PIONEER PARKWAY, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 12/08/2004

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

**Survey History** 

Compliance

Verified

Corrected

Survey ID: 0095087 End Date: 05/26/2005 Type: STANDARD Purpose: SURVEY/SELF REPORT

**Results: STATEMENT OF DEFICIENCY ISSUED** 

Statement of Deficiency: #10007169 Served 06/27/2005

Deficiencies Cited Subject Area

83.42(8)(b) FIRE EXTINGUISHER

83.55(4)(e) SAFETY

Survey ID: 0094009 End Date: 12/08/2004 Type: INITIAL Purpose: SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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